

MULTIPLE DEPT  
FEE CALCULATION SHEET  
(FOR USE WITH FO  
XTO-875)

CLAIM

SERIAL NO.

10 570470

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT					
	IND.		DEP.		IND.			IND.		DEP.		IND.		DEP.			
1			1					51									
2			1					52									
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TOTAL IND.			3														
TOTAL DEP.			31														
TOTAL CLAIMS			36														